



Electronic consent form for parents who enroll through the BMI2+ study website

Introduction

Hello! Your child's doctor is working with the American Academy of Pediatrics, the University of Michigan, and the Children's Hospital of Philadelphia to learn how to improve children's nutrition and exercise habits. Your child qualifies you to participate in the study. You may have already received a letter and information sheet with additional study details in the mail. You can always read more about the study and get a copy of the study information sheet on this website, under the "Resources" tab.

The purpose of this form is to help you decide if you want to take part in this research study.

If you have questions about any of the information contained in this form, please contact Emerson Delacroix – University of Michigan BMI2+ project manager – at 734-764-2014 or emmed@med.mich.edu.

The study will last 2 years. During that time, you would:

1. Allow a nutrition counselor at the University of Michigan to contact you by phone, email, and / or US mail for study-related purposes.
2. Complete two surveys that ask questions about your child's health-related behaviors, and a survey about your satisfaction at the end.
3. Have six phone calls with a nutrition counselor at no cost to you. Along with these calls, you can choose to get text messages about the study.
 - You can opt-out of text messages at any time.
 - Standard text and data costs from your mobile plan may apply.You will also get email reminders about upcoming calls and surveys.
4. Have approximately four office visits (about 15 minutes each) with your child's doctor, as well as the usual well-child physicals.
 - You may be charged a co-pay, depending on your insurance plan.

Being in this study is voluntary

You can choose to stop being in the study at any time. How to do that is explained in the study Information Sheet [located under the "Resources" tab]. Stopping the study will not affect the care that your child receives at his/her doctor's office. If you decide to stop the study, the study team will continue to use the information that you have provided up to that point, but won't collect any other information.

Your Personal Information

The study team will keep your personal information private and do its best to keep it secure. This includes study-related information about you and your child collected by surveys, during

office visits with your child's doctor, during study telephone calls with a nutrition counselor, and from your text message responses.

All personal information will be stored securely at the University of Michigan. Only the people working on the study will be able to see information about you and your child. The nutrition counselor will also SHARE with your child's doctor the information from your nutrition counseling calls. When we talk about the results of the study, we will never use your or your child's names. When you use text messaging, there is a small risk that someone can see your cell phone number and the messages or replies either on your phone or on the cell phone company's data network.

For more information, please go the "Resources" tab and read page 2 of the study information sheet.

This study has been approved by the Institutional Review Board (IRB) at the American Academy of Pediatrics. An IRB protects people who participate in research activities.

If you have questions about your rights during this study, you may contact Erin Kelly, PhD, IRB Administrator at the American Academy of Pediatrics, at 630-626-6075.

You can click "print" below to obtain a hard copy of this form, or go to the "Resources" tab at any time to view this form online and / or print it.

Do you agree to participate?

- Yes
- No → Thank you for your time today. By selecting "no", you are choosing to not participate in this study. Are you sure that you don't want to participate?
 - I don't want to participate
 - I do want to participate

Do you agree to release the personal information as described above?

- Yes
- No → Thank you for your time today. By selecting "no", you are choosing to not participate in this study. Are you sure that you don't want to participate?
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Documentation that the parent or guardian electronically consented to participate in the study, and provided HIPAA authorization, will be made in the University of Michigan study dashboard and in the EHR.